

FINANCIAL SERVICES

MORTGAGEHOLDERS COVERAGE PROGRAM POLICY INSURANCE RENEWAL APPLICATION



Onebeacons.com

OBI National Insurance Company

NOTICE: PLEASE REVIEW AND COMPLETE ALL SECTIONS OF THE APPLICATION. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

Application Instructions:

Whenever used in this Application, the term "Applicant" shall mean the entity identified in response to Question 1 of Section I. of this Application.



I. APPLICANT

1.	Named Insured:		
2.	Street Address: Mailing Address (if different):		
3.	City:	State:	Zip Code:
4.	Authorized individual (Executive Officer) to receive notices and information regarding the proposed insurance:		
	Name:	Title:	
	E-mail address:	Phone:	Fax:



II. COVERAGE SELECTIONS – Indicate any changes or additions to expiring coverages. For newly added coverages, refer to the New Business Application for any additional information that may be required. **Please note that requested coverage is not automatically provided. The policy, if issued, will determine actual coverage.**

5. MORTGAGEHOLDER'S INTEREST

Coverages (Select requested coverages with an X)		Limit of Insurance	Deductible
☐	A1. Loss Due to Lack of Required Insurance	\$	\$
☐	Residential Mortgages	\$	\$
☐	Commercial Mortgages	\$	\$
☐	Manufactured Homes	\$	\$
☐	A2. Loss of Mortgage Guarantee or Mortgage Insurance	\$	\$
☐	A3. Balance of Perils	\$	\$
☐	a. All Risks – Subject to Exclusions	\$	\$
☐	b. Flood – Outside SFHA	\$	\$
☐	c. Flood – SFHA Excess	\$	\$
☐	d. Earthquake and Volcanic Action	\$	\$
☐	A4. Government Confiscation of Mortgaged Property	\$	\$
☐	A5. Loss of Security Interest – Real Property	\$	\$
Endorsements (Select requested endorsements with an X)			
☐	A6. Secured Business Property	\$	\$
☐	A7. Security Interest – Personal Property Endorsement	\$	\$
☐	Mutual Aid Society Plan Endorsement		

6. FORECLOSED PROPERTY

The limits and deductibles will match those selected in Insuring Agreement A1.

7.

MORTGAGEHOLDER'S LIABILITY

Coverages (Select requested coverages with an X)		Limit of Insurance	Deductible
☐	C1. Failure to Purchase or Maintain Property Insurance	\$	\$
☐	C2. Failure to Purchase or Maintain Other Insurance	\$	Same as C1
☐	C3. Failure To Pay Real Estate Taxes	\$	Same as C1
☐	C4. Failure To Determine Flood Zone	\$	Same as C1
☐	C5. Failure To Perform Document Custodial Services	\$	\$
☐	C6. Failure to Purchase or Maintain Mortgage Life and Disability Insurance	\$	\$
☐	C7. Failure to Effect Title Insurance	\$	\$
☐	C8. Failure to Purchase or Maintain Insurance For Property Held In Trust	\$	\$
Endorsements (Select requested endorsements with an X)		Retroactive Date	
☐	Retroactive Coverage Endorsement		

**III. MORTGAGEHOLDER'S INTEREST** (This section must be completed)

8.

MORTGAGE PORTFOLIO	A. Owned & Serviced		B. Serviced For Others		C. Owned – Not Serviced		Total Owned Mortgages (A + C)	
Mortgage Type	Number	Value	Number	Value	Number	Value	Number	Value
Number of Residential Mortgages ^{1,2}		\$		\$		\$		\$
Number of 2 nd Mortgages & HELs/HELOCs		\$		\$		\$		\$
Number of Condominium Mortgages		\$		\$		\$		\$
Number of Manufactured Homes ²		\$		\$		\$		\$
Number of Commercial Mortgages		\$		\$		\$		\$
Totals (sum of all entries in the column)		\$		\$		\$		\$

¹If possible, break out 2nd Mortgages and Home Equity Loans/Lines of Credit and Residential Condominium Loans from Residential Mortgages – lower rates apply. Do not include Manufactured Homes under Residential Mortgages.

²Manufactured Homes must have the loan amounts shown in order for coverage to apply. No limit will be shown for Manufactured Homes if the number and value of loans are not provided.

9.

MORTGAGE LARGE OUTSTANDING BALANCES:				
Mortgage Type	Total Outstanding Balance	Largest Outstanding Balance	% Mortgages Over:	
Residential Mortgages	\$	\$	\$1,000,000	%
2 nd Mortgages & HELs/HELOCs	\$	\$	\$1,000,000	%
Condominium Mortgages	\$	\$	\$1,000,000	%
Manufactured Homes	\$	\$	\$100,000	%
Commercial Mortgages	\$	\$	\$2,500,000	%

10.

MORTGAGE ORIGINATIONS	Number of Originations		Value of Originations	
	Residential	Commercial	Residential	Commercial
			\$	\$

IV. FORECLOSED PROPERTY – Please provide information from the most recent 12 months and any updates to information provided previously with respect to the Applicant's Foreclosed Property Insurance Placement procedures or coverage.

11.	FORECLOSURES	Number of Foreclosures		Value of Foreclosures		Number of Delinquencies	
		Residential	Commercial	Residential	Commercial	Residential	Commercial
	Most Recent 12 Months			\$	\$		
Please provide updates to information provided previously with respect to the Applicant's Foreclosed Property Insurance Placement procedures or coverage.							☐ No Changes

V. REQUIRED INSURANCE – Please provide any updates to information provided previously by Application with respect to the insurance the Applicant requires from borrowers, as well as any updates to information provided previously with respect to how the Applicant verifies compliance and retention of such evidence.

Application Question #	Change in Response or Updates to Explanations	☐ No Changes
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Comments:

VI. TRACKING PROCEDURES – Please provide any updates to information provided previously by Application with respect to tracking insurance or real estate taxes.

Application Question #	Change in Response or Updates to Explanations	☐ No Changes
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Comments:

VII. FLOOD ZONE DETERMINATION - Please provide any updates to information provided previously by Application with respect to the Applicant's Flood Zone Determinations.

Application Question #	Change in Response or Updates to Explanations	☐ No Changes
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Comments:

VIII. LOCATION OF MORTGAGES - Please provide any updates to information provided previously with respect to the states in which the Applicant has mortgages or are planning to lend in the next 12 – 24 months.

12. Please advise the states in which the Applicant currently has mortgages:

13. If the Applicant plans to lend in any new states over the next 12-24 months, please advise these additional states:
Check here if None ☐

14. Please provide the % (percentage) or # (number) of Loans and Outstanding Mortgage Balances in each state group:

Group	Group A	Group B	Group C	Group D	Group E	Group F
States	AK, CA, OR, WA	HI	AL, FL, GA, LA, NC, TX, VA	SC	AR, IA, IL, IN, KY, MO, MS, NV, OH, OK, SD, TN, UT	AZ, CO, CT, DC, DE, ID, KS, MA, MD, ME, MI, MN, MT, ND, NE, NH, NJ, NM, NY, PA, RI, VT, WI, WV, WY
☐ % or ☐ # of Loans						
☐ % or ☐ \$ Loan Values						

 IX. SECURED BUSINESS PROPERTY – If coverage is requested for this coverage, answer these questions.

15. a. Number of secured loans: b. Value of Outstanding Secured Loans: \$

 X. SECURED INTEREST – PERSONAL PROPERTY – If coverage is requested for this endorsement, answer these questions.

16. a. Number of personal property loans: b. Value of Outstanding Personal Property Loans: \$

 XI. MORTGAGEHOLDER'S LIABILITY *(Complete only if coverage is requested)*

17. If coverage is requested for the Insuring Agreement, answer noted questions.

- a. **Insuring Agreement C1 – C4:** On how many mortgages does the Applicant escrow funds to pay insurance premium for FLOOD insurance, HAZARD insurance, and/or real estate taxes?
- b. **Insuring Agreement C5:** For how many mortgages does the Applicant act as a Document Custodian?
- c. **Insuring Agreement C6:** For how many mortgages does the Applicant escrow funds to pay Mortgage Life and Disability insurance?
- d. **Insuring Agreement C8:** How many real properties does the Applicant hold in trust?

 XII. NOTIFICATION ADDRESSES FOR ADDITIONAL INSURED

18. Please provide any updates to mailing addresses below. We will only send notices if the Applicant provides the necessary mailing address information. ☐ **No Changes**

Freddie Mac (FHLMC)	
Fannie Mae (FNMA)	
Ginnie Mae (GNMA)	

 XIII. CERTIFIED ACTS OF TERRORISM

☐ Include Terrorism ☐ Exclude Terrorism

 XIV. CLAIMS / LOSSES AND REPRESENTATIONS/PRIOR KNOWLEDGE OF FACTS / CIRCUMSTANCES

19. Please provide any changes or updates to claims or losses over the past 5 years other than claims or losses submitted to us.

 XV. ATTACHMENTS:

Additional details explaining Changes, Updates, "No" answers or exceptions to "Yes" answers



Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

ALABAMA AND MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.



XVII. SIGNATURE AND AUTHORIZATION

The undersigned, as the authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, the Applicant must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance. Note this sentence does not apply to Maine Applicants.

NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

IF THE APPLICANT PREFERS TO ELECTRONICALLY SUBMIT THIS APPLICATION TO THE UNDERWRITER, ITS AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING HIS/HER NAME AND THE DATE. BY DOING SO, THE APPLICANT AND ITS AUTHORIZED AGENT HEREBY CONSENT AND AGREE THAT SUCH AUTHORIZED AGENT'S USE OF A KEY PAD, MOUSE OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES HIS/HER/ITS SIGNATURE, ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY SUCH AUTHORIZED AGENT IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.

A digital signature is a simple as:

1. Check the box.
2. Type authorized agent's name and the date.

The box must be checked by the chairperson, president, chief executive officer or chief financial officer of the Applicant (or equivalent positions thereof).

☐ AUTHORIZED AGENT SIGNATURE AND ACCEPTANCE

Applicant Name	
By (Authorized Signature) <i>Or Sign/Type/Print the Name of the chairperson, president, CEO or CFO (or equivalent positions thereof) who signed this form electronically by checking the box above.</i>	
Name/Title	
Date	

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHAIRPERSON, PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE APPLICANT (OR EQUIVALENT POSITIONS THEREOF) ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Produced By (Insurance Agent)
Insurance Agency

Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: State: Zip: